

Experiences from the Field

Dale Shaller Harvard Team



How Is the Survey Being Used?



• Major uses of the survey:

- Quality improvement
- Public reporting
- Pay-for-performance

• Case examples:

- HealthPlus of Michigan
- American Board of Internal Medicine (ABIM)
- Massachusetts Health Quality Partners (MHQP)

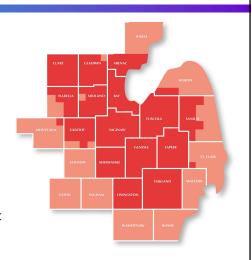


HealthPlus of Michigan



- Independent health insurer in East Central Michigan
- Commercial, Medicaid, and Medicare products for over 200,000 enrollees
- Commercial HMO: PCP "gatekeeper model"
- Data from CAHPS Health Plan Survey identified problems in primary care delivery
- Participated in 2005 field test of CAHPS Clinician & Group Survey to pinpoint and correct PCP problems





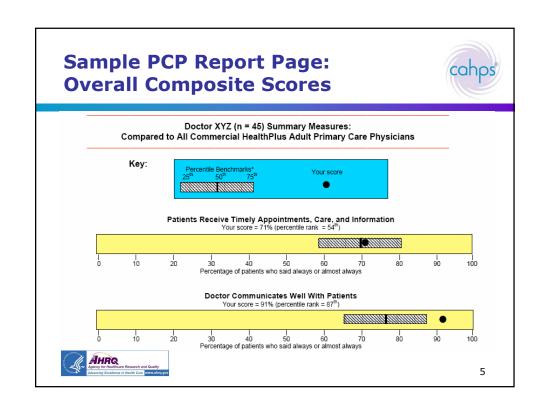
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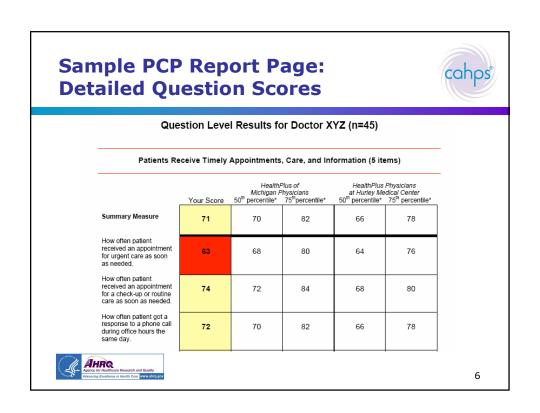
HealthPlus: Survey Implementation and Reporting



- Fall 2005: Mail survey of 260 PCPs
 - Average of 37 surveys returned per PCP
- Extensive report testing with PCPs in 2006
 - 14 versions
- 2005 results used only for feedback
 - Focus on PCPs at the low end of the percentile distribution
- Current round of survey data (Fall 2006) will be used for Pay-for-Performance (P4P) and public reporting







HealthPlus: Lessons and Challenges cohps



- Need to effectively communicate:
 - What you are doing
 - How you are doing it
 - Why you are doing it
 - What the results will be used for
- Staged implementation helps build support:
 - Present data initially at system or clinic level
 - Use first round of results for feedback only
- Future challenge: Maintaining support for applying results to P4P and public reporting



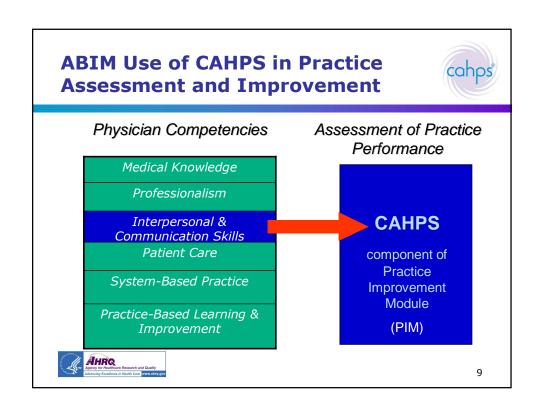
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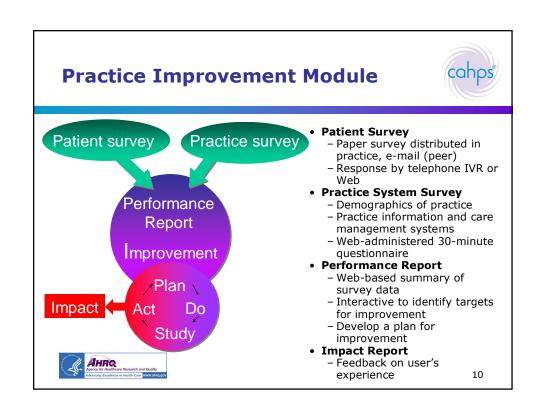
American Board of Internal Medicine Cohps



- ABIM is the largest of 24 medical specialty boards that certify physicians
- ABIM is the first board to make this CAHPS survey an option for Part IV of Maintenance of Certification (MOC) requirements
 - Physicians receive initial certification and then are re-certified every 10 years
- CAHPS survey will support assessment of physician communication and interpersonal skills
- CAHPS survey is part of Communication Practice Improvement Modules (PIM)







ABIM: Lessons and Challenges



- Feedback from patients is a powerful motivator for quality improvement
- Specific areas showing room for improvement:
 - Scheduling and access (e.g., responding to routine questions)
 - Coordinating care (e.g., knowing what other doctors have done)
 - Interpersonal skills (e.g., knowing patient as a person)
- Adding disease-specific questions to the CAHPS core items increases value for QI
- Future challenge: Data collection mechanism for other Boards



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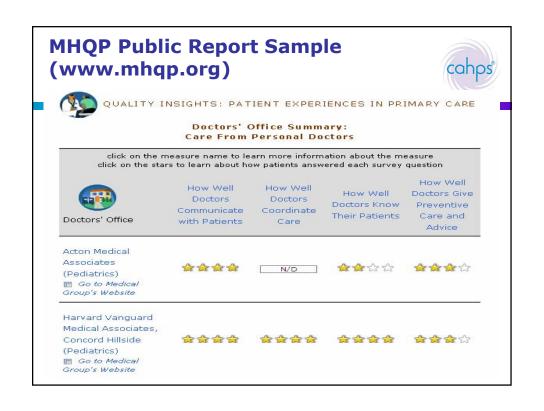
Massachusetts Health Quality Partners



- Broad-based coalition committed to improving quality through trusted comparative information
- First statewide patient survey at the primary care practice site level
 - Survey field period: July-September 2005
 - 497 practices; 92% of registered PCPs
 - Internal release of results to physician practices in November 2005
 - Public release of results in March 2006
- Now in the process of fielding 2007 survey of primary care and selected specialist physicians



Sample M	1 H	HQP Practice Site Repor								ort	t cahps		
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Summary													
Measures		Score									Score	Reliability	
Quality of Doctor-Patient Interaction:	0	10	20	30	40	50	60	70	80	90	100		
Communication							▼			1		62.0	В
Integration of Care									1	- 4	Δ	95.0	А
Knowledge of Patient								이				68.0	Α
Health Promotion						▼						50.0	Α
Organizational/Structural Features of Care:	0	10	20	30	40	50	60	70	80	90	100		
Organizational Access									•			80.0	Α
Visit-Based Continuity													D
Clinical Team							▼					60.0	Α
Office Staff							Δ					62.0	Α
Global Rating:	0	10	20	30	40	50	60	70	80	90	100		
Willingness to Recommend			_					•				70.0	С



How Survey Results Are Being Used in Massachusetts



By Providers:

For Quality Improvement

"The response of providers within my group and various others in our network was 'How can we work together to improve?' "

Joseph Kelly, MD - Riverbend Medical Group and MHQP Physician Council Member

By Consumers:

As a Source of Information and Empowerment

"Having options and the ability to make a choice when finding a doctor"

"Taking charge of my health because now I can make decisions based on information that I didn't have before"



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MHQP: Lessons and Challenges



Engaging Key Audiences

- Physicians: Listen to and validate physician concerns
 - Transparent processes, measure reliability and validity
 - Provide opportunity for feedback
 - Determine achievable benchmarks
- Consumers: A need for more in-depth analysis
 - What information do consumers need?
 - How well do consumers understand the information provided?
 - How can we encourage consumer use of information?

Future Challenges

- Integrating patient experience with clinical quality
- Creating the infrastructure to sustain reliable patient experience reporting



Case Examples:Representatives Available for Questions and Answers



• HealthPlus of Michigan

 Clifford Rowley, Director, Member Service and Satisfaction

ABIM

- Daniel Duffy, MD, Executive Vice President

• MHQP

- Melinda Karp, Director of Programs

